



PLANNING DEPARTMENT
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Milwaukie OR 97206

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Application for Land Use Action

Master File #: _____

Review type*: I II III IV V

CHOOSE APPLICATION TYPE(S):

Use separate application forms for:

- Annexation and/or Boundary Change
- Compensation for Reduction in Property Value (Measure 37)
- Daily Display Sign
- Appeal

RESPONSIBLE PARTIES:

APPLICANT (owner or other eligible applicant—see reverse):

Mailing address:

Zip:

Phone(s):

E-mail:

APPLICANT'S REPRESENTATIVE (if different than above):

Mailing address:

Zip:

Phone(s):

E-mail:

SITE INFORMATION:

Address:

Map & Tax Lot(s):

Comprehensive Plan Designation:

Zoning:

Size of property:

PROPOSAL (describe briefly):

SIGNATURE:

ATTEST: I am the property owner or I am eligible to initiate this application per Milwaukie Municipal Code (MMC) Subsection 19.1001.6.A. If required, I have attached written authorization to submit this application. To the best of my knowledge, the information provided within this application package is complete and accurate.

Submitted by:

Date:

IMPORTANT INFORMATION ON REVERSE SIDE

